

**North Carolina Department of Health and Human Services
Division of Mental Health, Developmental Disabilities
and Substance Abuse Services**

**Complaints and Concerns,
Information and Referrals,
Investigations
and Medicaid Appeals**

By

The Customer Service and Community Rights Team

Advocacy and Customer Service Section

January to March 2005



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GLOSSARY

AP/LME	Area Program/Local Management Entity
CAP-MR/ DD	Community Alternatives Program for Persons with Mental Retardation/ Developmental Disabilities
CSCR	Customer Service and Community Rights Team
DHHS	Department of Health and Human Services
DMH/DD/SAS	Division of Mental Health, Developmental Disabilities and Substance Abuse Services
LME	Local Management Entity
OAH	Office of Administrative Hearings
TBI	Traumatic Brain Injury

Customer Service Terminology

The following terms are used in this report:

- 1) “Case” refers to an individual issue brought to the attention of staff members. There are four types of cases:
 - A. “Complaints/Concerns” are informal expressions of dissatisfaction.
 - B. “Information/Referrals” are either direct requests for information or requests regarding an agency, group, person or service.
 - C. “Medicaid Appeals” refer to Medicaid recipients filing appeals to DMH/DD/SAS, in accordance with Federal Law (42CFR 431. Sub-Part E) and DMH/DD/SAS policy.
 - D. “Investigations” are formal inquiries into allegations of a violation of a law, rule or policy in a community setting.
- 2) “Contacts” are the responses by CSCR team members to any call or communication.
- 3) “Issues” are the content categories of Complaints/Concerns, Information/Referrals or Investigations.

Private Health Information

The CSCR team adheres to Federal and State laws pertaining to confidentiality of private health information (N.C. General Statutes 122-C 52 to 56, 45 CFR Parts 160 and 164 and 42 C.F.R. Part 2).

EXECUTIVE SUMMARY

- The CSCR Team responded to 601 Complaint/Concern, Information/Referral, Medicaid Appeal and Investigation requests during this report period (page 7).
- There was a 170 percent increase in the total number of cases during the last 18 months (page 9).
- There has been a corresponding 70 percent increase in the number of staff responses to cases during the last 18 months (page 12).
- The average number of responses from the CSCR Team to address Complaint/Concern, Information/Referral and Medicaid Appeal cases is four follow-up activities (page 13).
- The most common sources of Information/Referrals, Complaints/Concerns, and Investigations continue to come from family members, consumers and guardians (page 13).
- “Access to services” remained the most prevalent concern with more than twice the volume as “quality of care,” the next highest category (page 16).
- Cases involving mental health issues continued to be the most prevalent and substance abuse issues were the next most prevalent cases. The third most prevalent cases involved persons with a dual diagnosis of mental health and developmental disabilities. Developmental disability issues represented only about ten percent of the cases (page 18).
- A slightly higher percentage of cases concerned male consumers (48 percent) than female consumers (36 percent). Sixteen percent of the cases were not applicable to a specific consumer (page 19).
- Complaint/Concern, Information/Referral and Investigation requests were filed by individuals from all geographic regions in North Carolina. The average number of cases per AP/LME was eleven cases (page 21).
- Local staff from LMEs referred the majority of the investigations based upon information in complaints, concerns, provider monitoring, etc. (page 24).
- The most prevalent number of Investigations (nine cases) involved consumers with developmental disabilities. There were six investigations involving consumers with mental health issues. There were three investigations each for consumers with multiple diagnoses of mental health, developmental disabilities and substance abuse issues and consumers with a dual diagnosis of mental health and developmental disabilities (page 25).

- The CSCR Team received 33 requests to file Medicaid Appeals during this report period. Although nine appeals involving CAP-MR/DD Waiver issues were filed for both this and the previous quarter, the CAP-MR/DD appeals in this quarter represented 27 percent of the appeals total but the CAP-MR/DD appeals from last quarter represented 32 percent of the total appeals (page 26).
- Medicaid Appeals were filed by recipients residing in the catchment areas of 12 AP/LMEs (page 28).
- Sixty-four percent of AP/LME local review decisions for Medicaid appeals were overturned in favor of the appellants (page 30).
- Out of 33 Medicaid appeals filed, only three (nine percent) were scheduled as a DMH/DD/SAS hearing (page 32).
- Thirty of the 33 (91 percent) Medicaid hearing requests were withdrawn after a request for DMH/DD/SAS hearing (page 32).
- Two (66 percent) of the three DMH/DD/SAS scheduled Medicaid hearings involved CAP-MR/DD services (page 33).
- The Office of the Attorney General reports 12 Medicaid appeals were under review by the Office of Administrative Hearings (OAH) during the report period. Five cases were closed and four new cases were filed. Three cases were still in the review process. CAP-MR/DD issues were involved in all 12 of these OAH petitions (page 34).

INTRODUCTION

The following quarterly report is a statistical summary describing the work of the Customer Service and Community Rights Team (CSCR), Advocacy and Customer Service Section, Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMH/DD/SAS). The report covers the third quarter of the 2004/2005 fiscal year which includes the months of January, February and March 2005.

The Customer Service and Community Rights Team

The team consists of a team leader, a support staff person and five professional staff, each with a Master's degree in a clinically related field. The team has three key responsibilities:

- To ensure the rights protection of consumers being served in the community,
- To provide a first-response system for customer inquiries, complaints and concerns, and Medicaid appeals (42CFR 431. Sub-Part E) and
- To monitor the community customer service system.

There are two main parts to this report: Part I of the report will look at Information/Referral data, Complaint/Concern data and Investigations. Part II will review Medicaid Appeal information.

The team receives calls, letters and emails each day from a variety of direct and indirect sources. Direct sources include consumers, families, guardians, friends and advocacy groups. Indirect referral sources include the DMH/DD/SAS website, Department of Health and Human Services (DHHS) Office of Citizen Services Care-Line, Department of Social Services website, other DMH/DD/SAS sections and AP/LME staff. The team members typically respond by 1) providing information to the inquiring party, 2) referring the party to an appropriate agency and contact person (usually the AP/LME) or 3) researching the answer and providing direct assistance.

Each CSCR team member responds to all calls the same or next possible business day. Team members continue to communicate with all parties until the issue is resolved or the appropriate agency is providing assistance.

All cases addressed by the CSCR Team are tracked in Access software and analyzed periodically for special requests and scheduled reports. Information from the reports is used to provide recommendations for systemic changes in system reform to mental health, developmental disabilities and/or substance abuse services.

We hope the information in this report provides a useful overview of data relating to Complaints and Concerns, Information and Referrals, Investigations and Medicaid Appeals received by this Team. We welcome any input as to how this report might be improved and/or made more relevant and useful to you.¹

¹ Please contact Glenda Stokes (glenda.stokes@ncmail.net) or Stuart Berde (stuart.berde@ncmail.net) with any suggestions or questions. Staff members and Advocacy and Customer Service Section Chief, Chris Phillips, may be reached at (919) 715-3197 or toll-free at 1-800-662-7030.

PART I: COMPLAINTS/CONCERNS, INFORMATION/REFERRALS, INVESTIGATIONS AND MEDICAID APPEALS

Part I describes the four types of cases (Complaints/Concerns, Information/Referrals, Investigations and Medicaid Appeals) addressed by the Customer Service and Community Rights Team. Part I is divided into four sections. Section A provides information about the volume of all cases (Complaints/Concerns, Information/Referrals, Investigations and Medicaid Appeals) and Section B is a detailed description of the Complaints/Concerns, Information/Referrals and Investigations. Section C tracks the location of the Complaint/Concern and Information/Referral cases and Section D provides information about Investigations.

Section A - Volume of cases (Complaints/Concerns, Information/Referral, Investigations and Medicaid Appeals)

Table 1 – Total Cases Addressed Between January to March 2005

Case Type	Number of Cases	% of Total
Information/Referrals	416	70%
Complaints/Concerns	131	22%
Medicaid Appeals	33	5%
Investigations	21	3%
Total	601	100%

Table 1 lists the total number of cases and the types of cases that team members addressed from January to March 2005. Individuals make issues known to the team through direct calls, e-mails or letters. Although some cases are open over the course of several months due to the complexity of the issues, the "**Total**" represents the unduplicated count of cases for the three-month period. There were 416 (70 percent) Information/Referral cases and 131 (22 percent) Complaint/Concern cases. Team members also addressed 33 Medicaid Appeal requests (six percent) and 21 Rights Investigations (three percent) between January to March 2005.

Table 2 - Historical Case Comparisons Between October to December 2004 and January to March 2005

Case Type	October to December Cases	January to March 2005 Cases
Information/Referrals	262	416
Complaints/Concerns	143	131
Medicaid Appeals	28	33
Investigations	24	21
Total	457	601

Figure 1 - Historical Case Comparisons Between October to December 2004 and January to March 2005

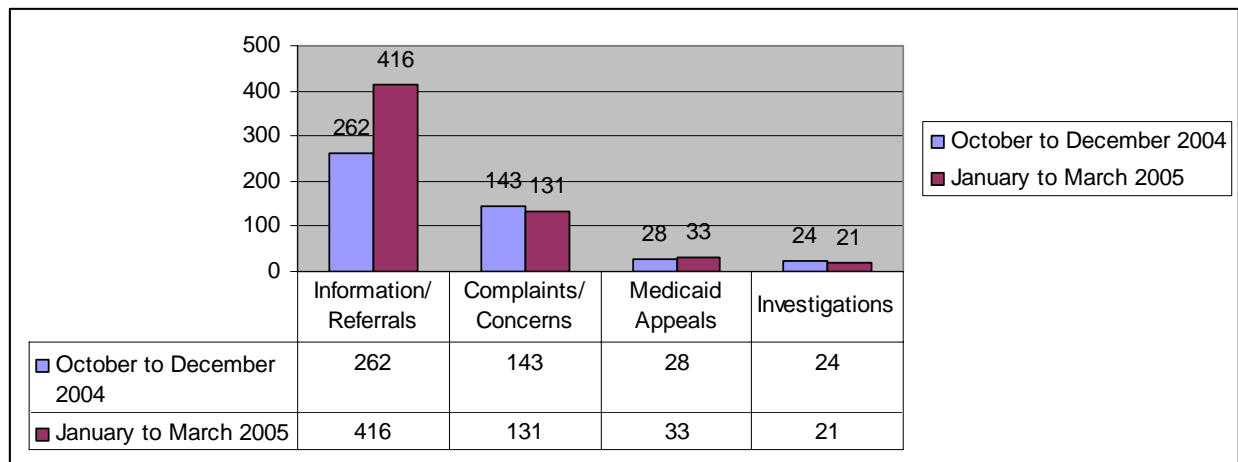


Table 2 and Figure 1 list the total number of cases and the types of cases that team members addressed between October to December 2004 and January to March 2005. During the period of October to December 2004, 457 cases were addressed and 601 cases were addressed in January to March 2005. The number of Information/Referrals increased from 262 cases in October to December 2004 to 416 cases in January to March 2005 and the number of Medicaid Appeals increased from 28 in October to December 2004 to 33 in January to March 2005. The number of Investigations slightly decreased from 24 in October to December 2004 to 21 in January to March 2005 and the number of Complaints/Concerns decreased from 143 in October to December 2004 to 131 in January to March 2005.

Table 3 - Customer Service And Community Rights Average Monthly New Cases

Time Period	Average Monthly New Caseload
October to December 2003	74 per month
January to March 2004	78 per month
April to June 2004	87 per month
July to September 2004	122 per month
October to December 2004	152 per month
January to March 2005	200 per month

Figure 2 - Customer Service And Community Rights Average Monthly New Cases

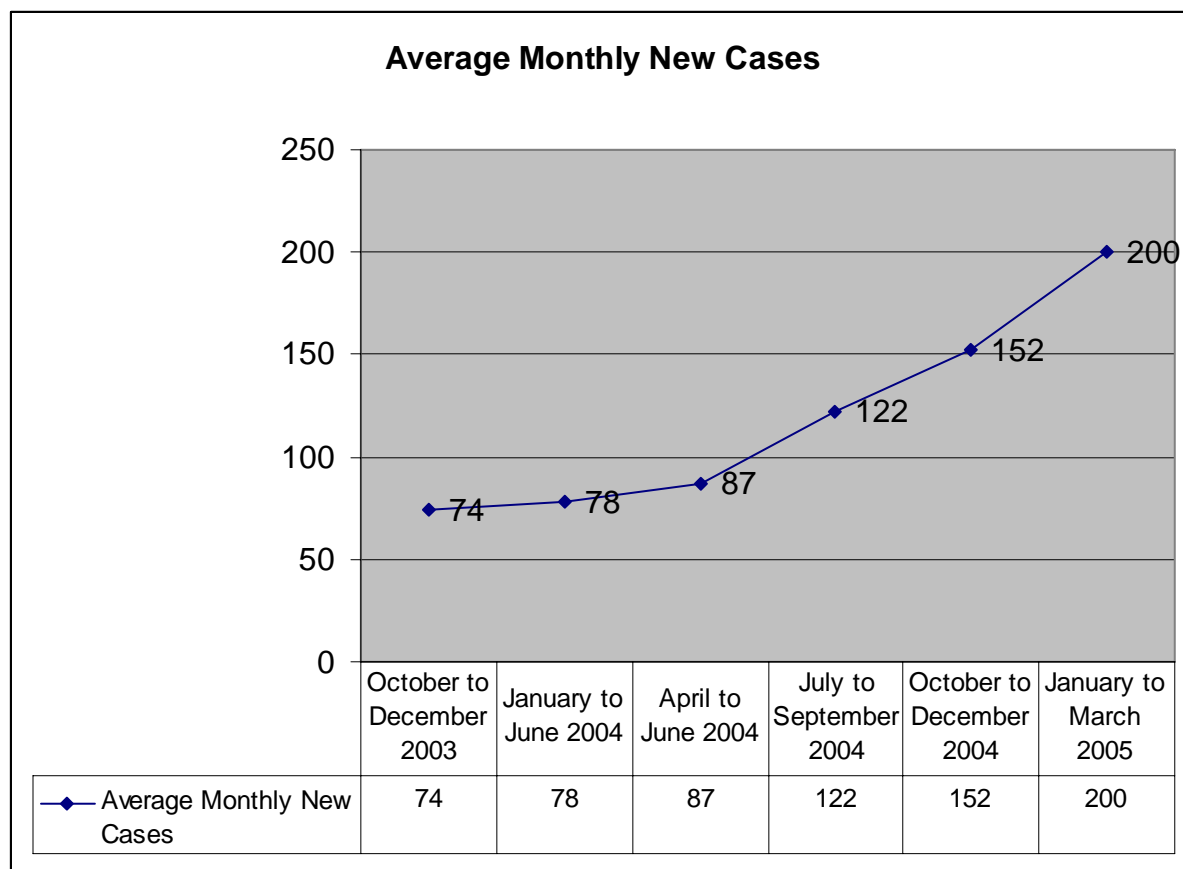
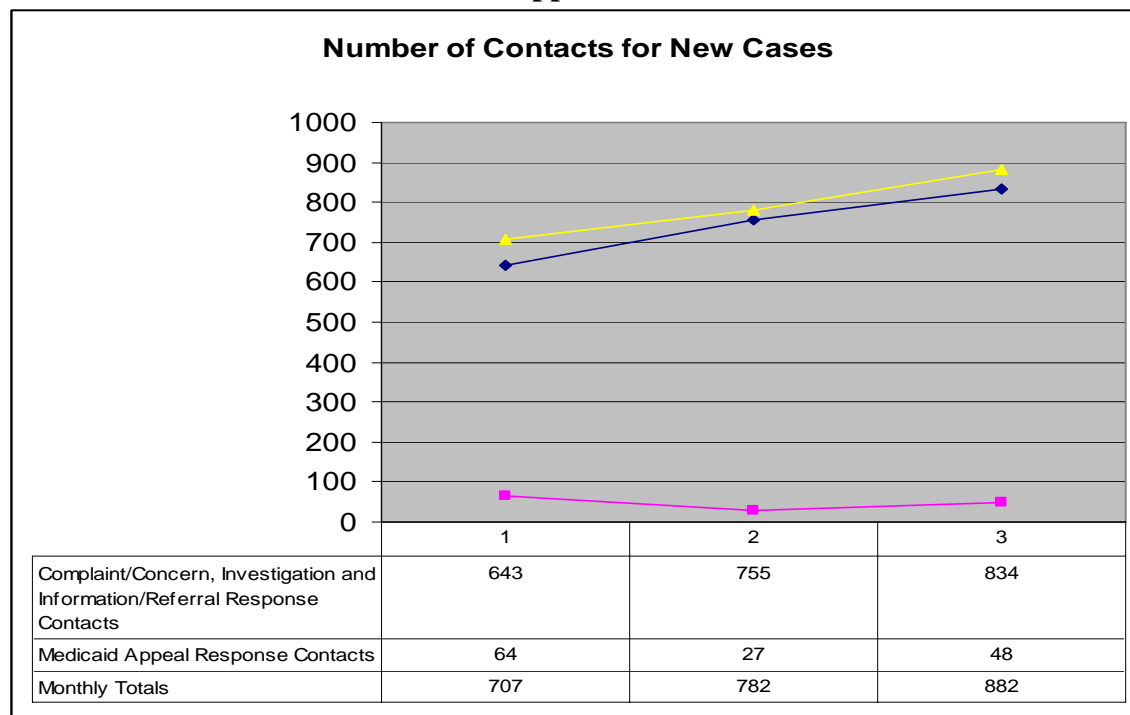


Table 3 and Figure 2 indicate that the volume of Customer Service and Community Rights new cases has increased considerably in the 18 months. The average monthly number of new cases from October to December 2003 was 74 per month, while from January to March 2004 the average was 78 per month. From April to June 2004, the average monthly number of new cases was 87 per month and from July to September 2004 there was an average of 122 new cases per month. From October to December 2004, there was an average of 152 new cases and from January to March 2005, there was an average of 200 new cases. **As a result, there is a 170 percent increase in the average monthly case load over the last 18 months.**

Table 4 - Number of Contacts in Response to Complaints/Concerns, Investigations, Information/Referrals and Medicaid Appeals

Types of Cases	January	February	March	Totals by Type
Complaint/Concern, Investigation and Information/Referral Response Contacts	643	755	834	2232
Medicaid Appeal Response Contacts	64	27	48	139
Monthly Totals	707	782	882	2371

Figure 3 - Number of Contacts in Response to Complaints/Concerns, Investigations, Information/Referrals and Medicaid Appeals



Response by CSCR Team: Table 4 and Figure 3 list the staff responses or contacts to the Complaints/Concerns, Investigations, Information/Referrals and Medicaid Appeals from January to March 2005. Each “response” is an action by staff to address the case. A response may be by phone, e-mail or letter. Due to the complexity of many of the cases, CSCR team members usually make several calls or other contacts in order to obtain the appropriate information or to identify a contact person for the individual. A total of 2371 identified responses were made by staff regarding 568 cases from January to March 2005.

The CSCR team members try to redirect complaints to the AP/LME Customer Service staff or to another AP/LME staff person, such as a case manager.² After receiving a call, a CSCR team member contacts the AP/LME Customer Service staff member and asks the staff member to contact the original caller and to follow up with the CSCR team member.

² AP/LMEs designate a Customer Service staff person to assist complainants at the local level. Names of these individuals can be found in the North Carolina Council of Community Programs Directory. A copy of the North Carolina Council of Community Programs Directory is available by calling (919) 327-1500

Table 5 – Historical Case Response Comparisons Between October to December 2004 and January to March 2005.

Case Type	Oct. to Dec. 2004	January to March 2005
Complaint/Concerns, Investigations, Information/Referrals	2221	2232
Medicaid Appeals	117	139
Totals	2338	2371

Figure 4 – Historical Case Response Comparisons Between July to September 2004 and October to December 2004

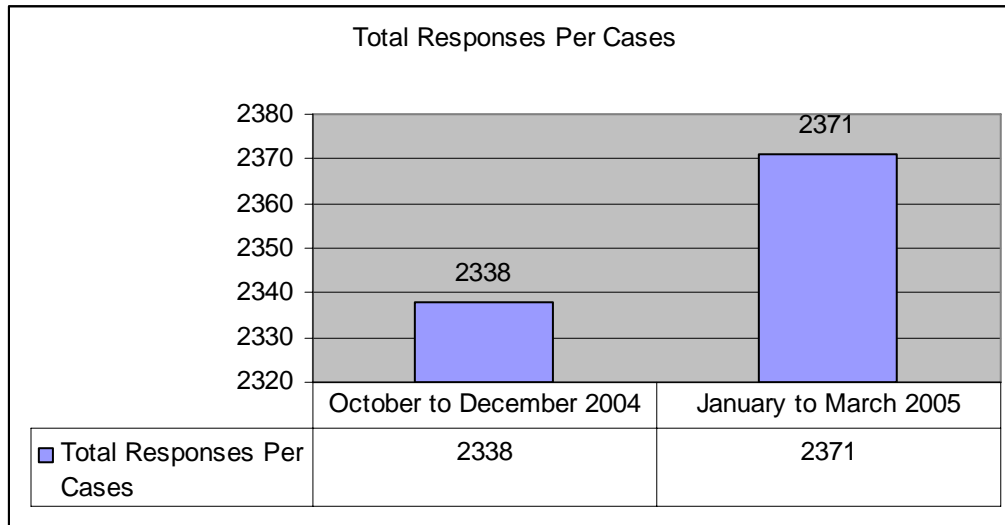
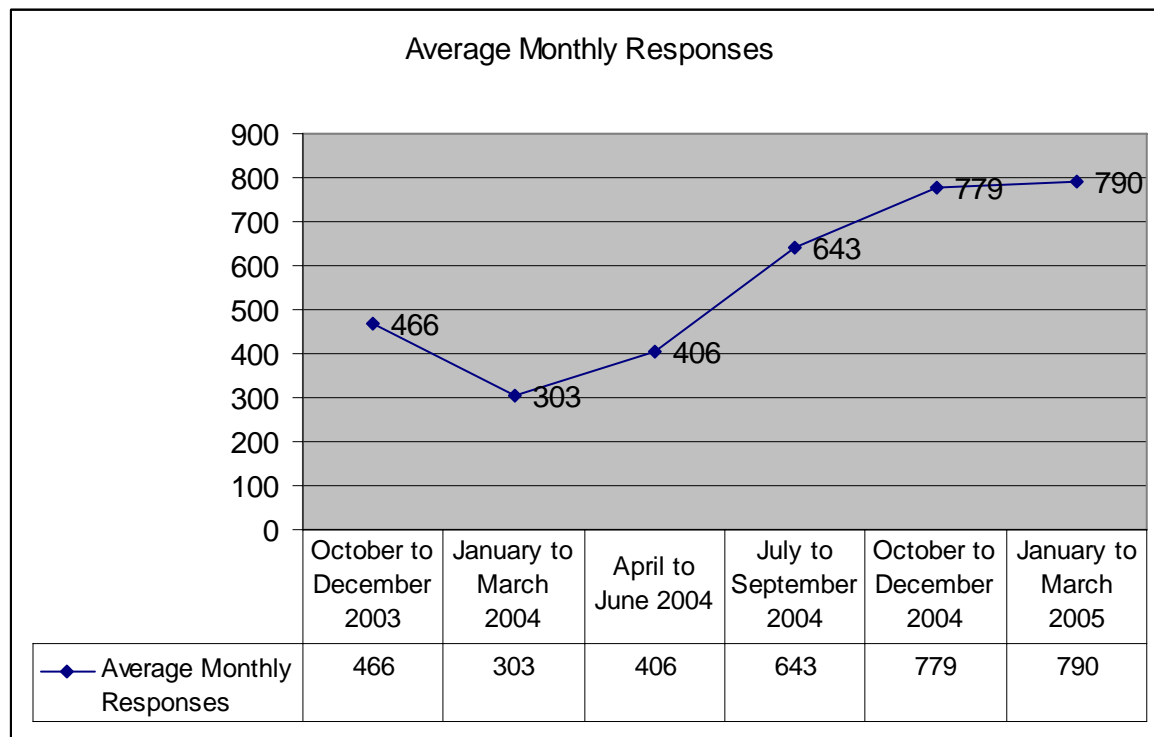


Table 5 and Figure 4 indicate that the number of staff responses to new cases in January to March 2005 was greater than October to December 2004. In October to December 2004, there were 2338 responses for 457 new cases and in January to March 2005, there were 2371 responses to 568 new cases.

Table 6 - Responses to New Cases: Historical Summary

Time Period	Average Monthly Number of Responses for New Cases
October to December 2003	466 per month
January to March 2004	303 per month
April to June 2004	406 per month
July to September 2004	643 per month
October to December 2004	779 per month
January to March 2005	790 per month

Figure 5 - Responses to New Cases: Historical Summary



The number of staff responses to informally resolve new cases has considerably increased in the 18 months. The average monthly number of responses for October to December 2003 was 466 per month and 303 per month for January to March 2004. From April to June 2004, there was an average number of 406 responses and the average monthly number of responses to new cases from July to September 2004 was 643 and 779 average responses to new cases from October to December 2004. From January to March 2005, the average number of responses was 790 per month. **As a result, there was a 70 percent increase in the average monthly responses over the last 18 months.**

Table 7 - Average Total of Monthly Responses Per Complaints/Concerns, Investigations, Information/Referrals and Medicaid Appeals for January to March 2005

Types of Cases	Contact Responses	Number of Cases	Average Monthly Responses per Case
Complaint/Concerns, Investigations and Information/Referral Responses	2232	568	4
Medicaid Appeal Responses	139	33	4
Total	2371	601	4

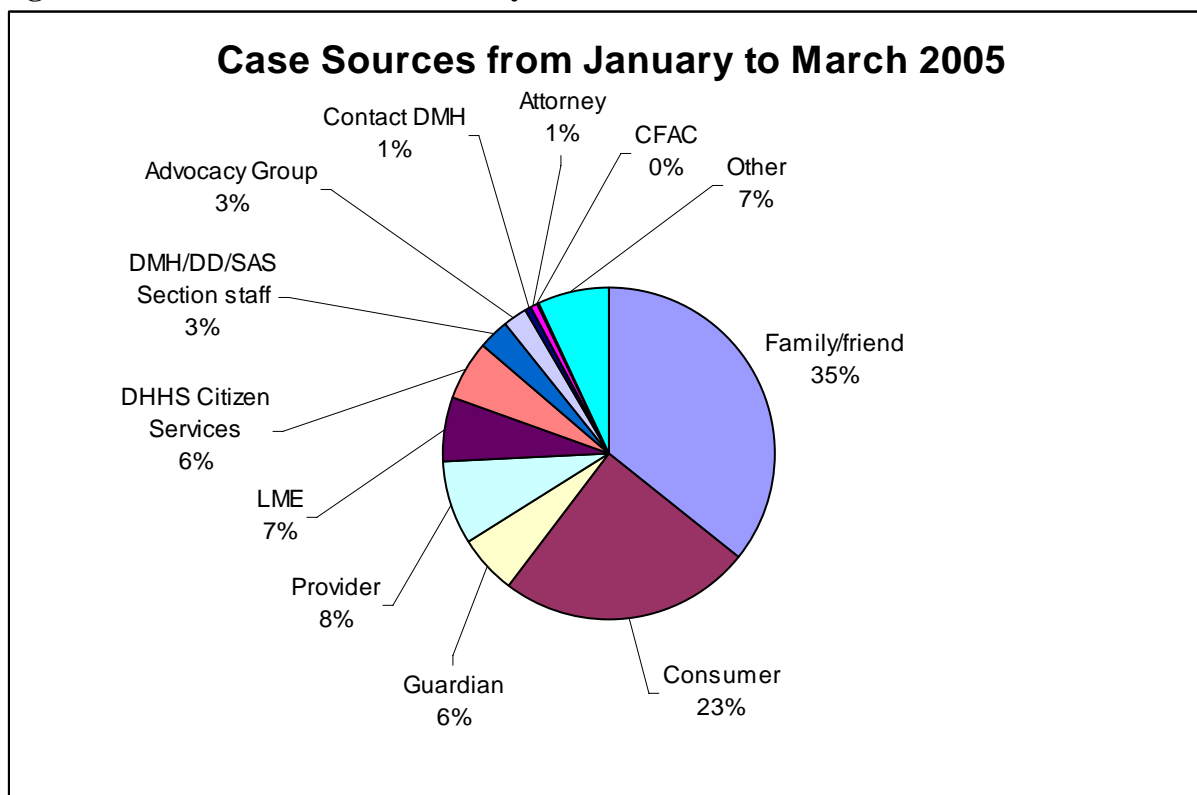
Since several responses were required for each of the 601 cases of Complaints/Concerns, Investigations, Information/ Referrals and Medicaid Appeals, there were 2,232 identified responses for these cases. There were 139 total identified responses for the 33 Medicaid Appeal cases. The average monthly number of responses per each type of case was four.

Section B - Detailed Description of the Complaints/Concerns, Information/Referrals and Investigations

Table 8 - Case Sources From January to March 2005

Source Type	Number of Cases	% Of Total
Family/friend	203	35%
Consumer	139	23%
Guardian	34	6%
Provider	45	8%
LME	37	7%
DHHS Citizen Services	32	6%
DMH/DD/SAS Section staff	16	3%
Advocacy Group	15	3%
Contact DMH	3	1%
Attorney	3	1%
CFAC	1	Less than 1%
Other	40	7%
Total	568	100%

Figure 6 - Case Sources From January to March 2005



Case Sources: The Customer Service and Community Rights Team received Complaint/Concern, Information/Referral and Investigation requests from 12 different sources which are listed in Table 8 and Figure 6. The North Carolina Department of Health and Human Services Office of Citizen Services (CARE-LINE) has a toll-free number (1-800-662-7030) for citizens and is a state-wide information resource. Calls to the Office of Citizen Services related to DMH/DD/SAS issues are directly forwarded to the CSCR staff. Along with direct requests from the general public, government officials most often forward their local correspondence regarding DMH/DD/SA services to the staff at Office of Citizen Services who, in turn, forward these issues to the CSCR team.

Consumers and their families, friends and/or guardians accounted for 376 (64 percent) of the 568 Complaint/Concern, Information/Referral or Investigation cases. Consumers initiated 139 (23 percent), family/friends initiated 203 (35 percent) and guardians initiated 34 (six percent) of the total complaints/concerns, information/referrals and investigations. Providers initiated 45 cases (eight percent) while the North Carolina DHHS Office of Citizen Services initiated 32 cases (six percent) to the CSCR Team. Thirty-seven case sources (seven percent) were from LME staff and DMH/DD/SAS staff initiated 16 of the cases (three percent). There were thirty-nine case sources (seven percent) called “*other*” representing non-specified categories that were not in our protocol. Contact DMH e-mails and attorneys each had three cases and represented one percent of the cases. Fifteen cases (three percent) were submitted by advocacy groups and one case was submitted by a Consumer and Family Advisory Committee (CFAC), which was less than one percent of the total cases.

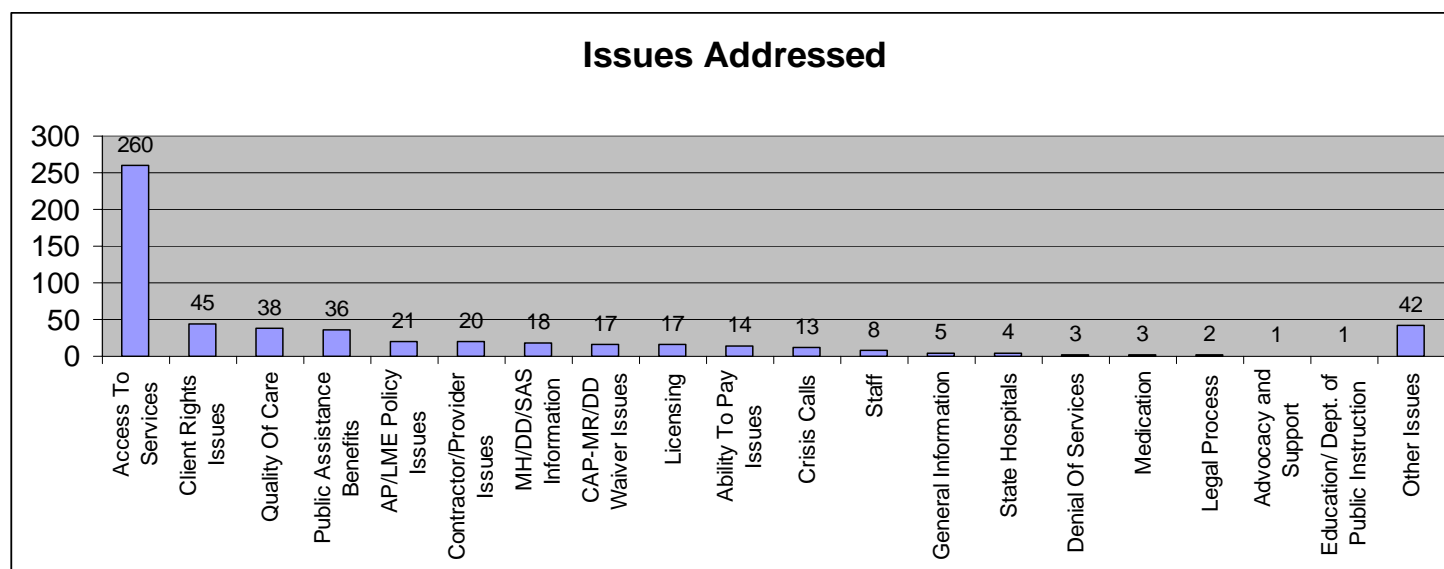
Table 9 - Issues Tracked in Complaint/Concern, Information/Referral and Investigation Cases

Issue	Definition/Comment
Abuse and Neglect	<i>By law, suspicion of this activity is referred to the local Department of Social Services and applicable licensing agencies</i>
Ability to Pay	<i>Concern over consumer's financial obligation</i>
Access	<i>Request for services</i>
Advocacy and Support	<i>Information provided regarding advocacy groups or websites</i>
AP/ LME Policy	<i>Dispute over AP/LME administrative or service policy</i>
Authorization/Service Orders/Utilization Review	<i>Includes information about the process as well as complaints about the process</i>
Benefits	<i>Disability benefits question (SSI, Special Assistance, Medicare, Medicaid, etc.)</i>
Crisis Call	<i>Calls that indicate an urgent crisis</i>
Denial	<i>Concern over a denial of a non-Medicaid service</i>
Education/Department of Public Instruction	<i>Information requested regarding education or school issues</i>
General Information	<i>Information provided regarding general issues such as contact names and numbers for other state and local agencies or programs such as DSS, DFS, SSI, Medicaid, etc.</i>
Information on MH/DD/SAS issues	<i>Information requested regarding any rules, statues, manuals, forms, DMH/DD/SAS policies, communication bulletins, reform process, service definitions, statistics or staffing issues</i>
Legal Process	<i>Includes information on any legal issue/process such as guardianship, custody, involuntary commitment, etc. Information about the process is provided, but no legal advice is provided</i>
Licensing	<i>Information regarding licensing or certification for MH/DD/SA services</i>
Medicaid Audit/ Compliance	<i>Information regarding Medicaid audits, documentation and compliance issues</i>
Medicaid Waiver (CAP-MR/DD)	<i>Regarding Waiver program policy or procedure</i>
Medication	<i>Includes the need for refills, information on medication, re-checks, inability to pay for medications, etc.</i>
Provider/ Contractor	<i>Provider performance or policy</i>
Relocation	<i>Request by families or other MH/DD/SAS professionals for assistance with services as they are planning for relocation to or within North Carolina</i>
Rights	<i>Alleged violation of rights in law or administrative rule</i>
Service Quality	<i>Dissatisfaction or questions concerning the quality, appropriateness or level of service</i>
Staff	<i>Issues regarding personnel issues are directed to appropriate Area Program/LME, Provider or State facility staff</i>
State Hospitals	<i>Information provided to assist/connect consumers and/or families when a family member is in the hospital. For example, allegations of abuse and/or neglect that allegedly occurred during hospitalization or personnel issues</i>
Other	<i>When current categories are not inclusive of the presenting issue</i>

Table 10 - Overall Total of Primary Issues Addressed in Complaints/Concerns, Investigations and Information/Referrals From January to March 2005

Issue	Total	% of Total
Access To Services	260	46%
Client Rights Issues	45	8%
Quality Of Care	38	7%
Public Assistance Benefits	36	6%
AP/LME Policy Issues	21	4%
Contractor/Provider Issues	20	4%
MH/DD/SAS Information	18	3%
CAP-MR/DD Waiver Issues	17	3%
Licensing	17	3%
Ability To Pay Issues	14	2%
Crisis Calls	13	2%
Staff	8	1%
General Information	5	1%
State Hospitals	4	1%
Denial Of Services	3	1%
Medication	3	1%
Legal Process	2	Less than 1%
Advocacy and Support	1	Less than 1%
Education/ Dept. of Public Instruction	1	Less than 1%
Other Issues	42	7%
Grand Totals	568	100%

Figure 7 - Overall Total of Primary Issues Addressed in Complaints/Concerns, Investigations and Information/Referrals From January to March 2005



Issues Addressed: Table 9 describes the issue categories most commonly addressed. The Information/Referral, Investigation, and Complaint/Concern cases encompass a wide variety of issues. Table 10 and Figure 7 list the distribution of primary issues noted in Complaints/Concerns, Information/Referrals and Investigations. Contacts were made concerning a wide range of issues. By far the highest number (260 or 46 percent) of issues fall under the category of “access to services,” which is defined as a request for services. Consumers and family members often request access information regarding an agency or service. Examples include substance abuse detoxification centers, treatment services for children and adults, drug education school classes, etc. Team members provide service information but primarily refer people to the local AP/LME customer service coordinator. After a referral, the local customer service coordinator will provide case updates and resolution information to the CSCR team.

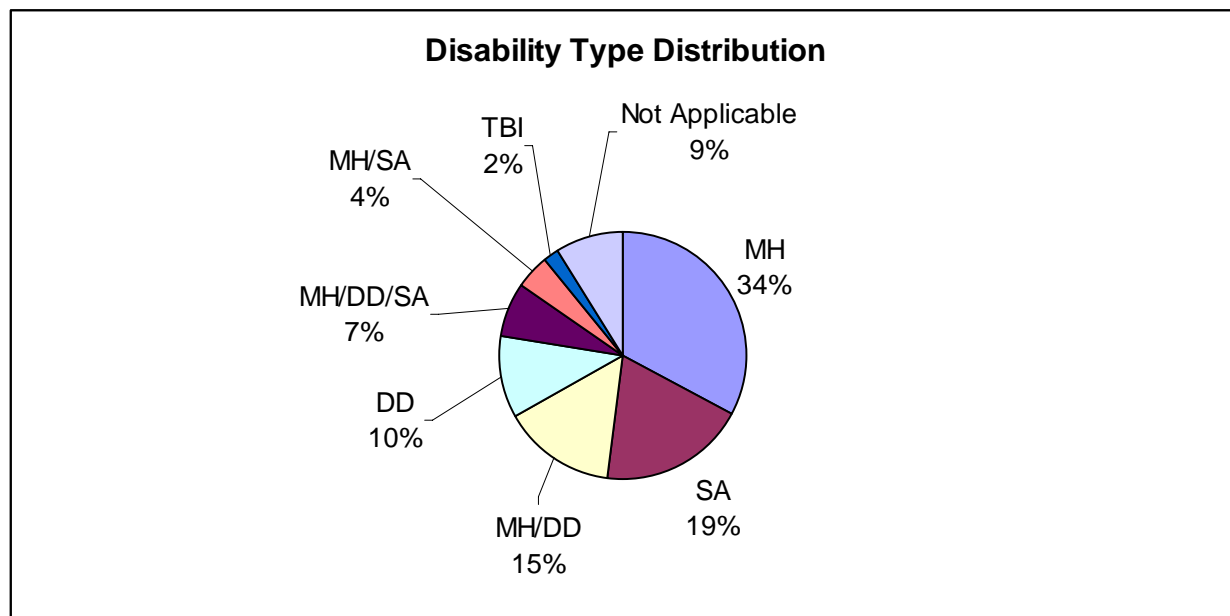
The next most prevalent cases were client rights issues which had 45 cases (eight percent). Quality of care (38) was seven percent of the cases and information about public assistance benefits (36) was six percent. AP/LME Policy Issues (21) and contractor/provider issues (20) each had four percent of the case issues. CAP-MR/DD issues and licensing each had 17 cases, which represents three percent. Ability to pay (14) and crisis calls (13) each had two percent of the cases. Issues such as general information (5), state hospitals (4), denial of services (3) and medication (3) each represented one percent of the cases. The following issues had less than one percent of the cases: legal process:(2), advocacy and support (1), education and Department of Public Instruction (1).

Forty-two cases are in the “other” category and were less than seven percent of the total cases. Examples include requests for information on housing, custody, and mediation training.

Table 11 - Disability Group Distribution of Cases for January to March 2005

Disability	Total	% of Total
MH	186	34%
SA	109	19%
MH/DD	86	15%
DD	59	10%
MH/DD/SA	42	7%
MH/SA	25	4%
TBI	10	2%
Not Applicable	51	9%
Total	568	100%

Figure 8 - Disability Group Distribution of Cases for January to March 2005



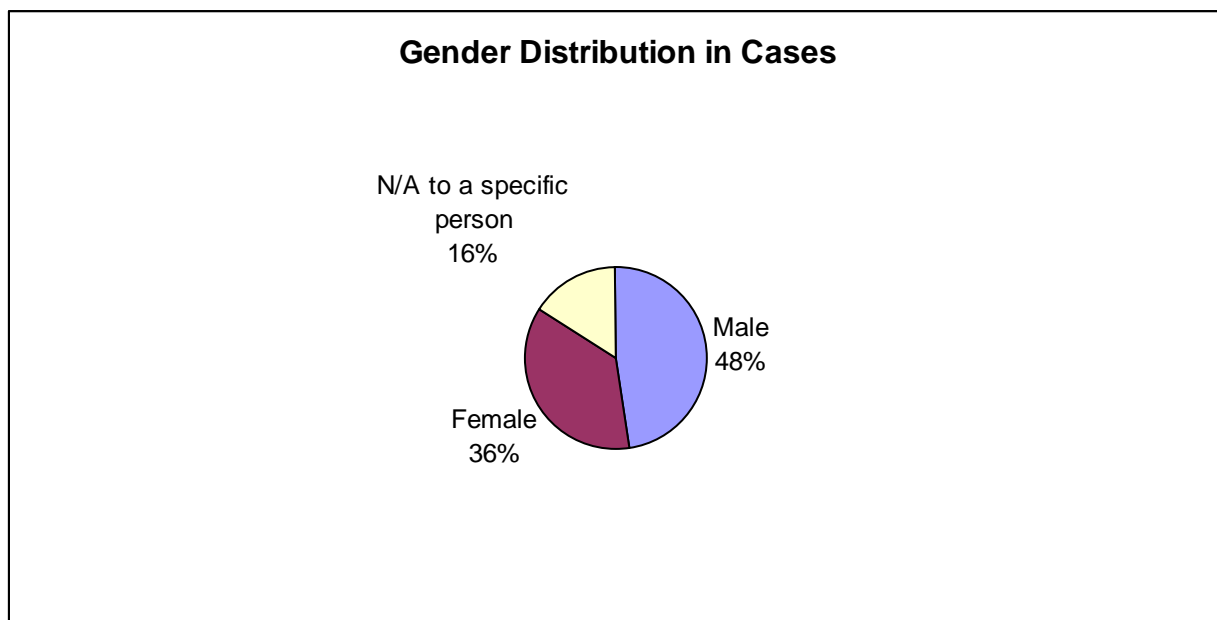
Disability Type Representation: Table 11 and Figure 8 show disability groups that were represented in the 568 cases. For each case, the CSCR team records the disability area addressed by the referral source.

Mental health consumer service cases represented 186 (34 percent) of the total. The next most prevalent disability group was substance abuse with 109 (19 percent) of the cases. Eighty-six cases (15 percent) were related to dual diagnosis of MH/DD and 59 (ten percent) were developmental disabilities cases. Forty-two cases (seven percent) were related to multiple MH/DD/SAS issues and 25 (four percent) were related to dual diagnosis of MH/SA issues. Fifty-one inquiries (nine percent) were not applicable to any particular disability group and ten cases (two percent) were related to Traumatic Brain Injury (TBI).

Table 12 - Gender Distribution of Issues for January to March 2005

Gender	Number	% of Totals
Male	270	48%
Female	206	36%
N/A to a specific person	92	16%
Total	568	100%

Figure 9 - Gender Distribution of Issues for January to March 2005



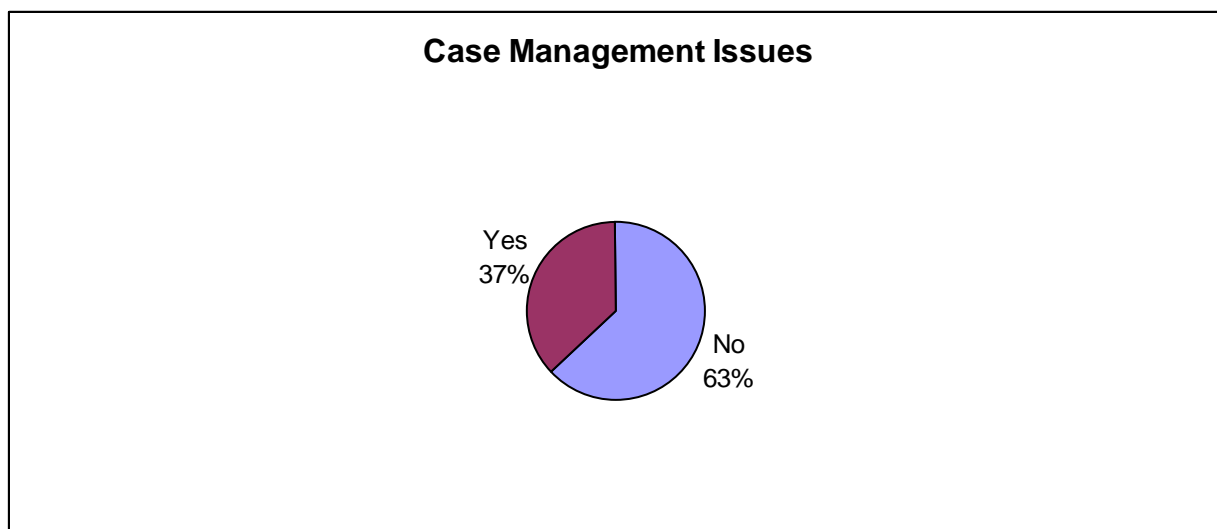
Gender Distribution: Table 12 and Figure 9 indicate the gender distribution for the 568 total cases for January to March 2005. For each case, the CSCR team either records the gender of the consumer referenced by the referral source or indicates “not applicable” when the issue is not directly related to services for a specific individual. Examples of issues not applicable to a specific person would be issues such as licensing, service definitions, legal processes, rules or advocacy groups.

Two hundred and seventy cases (48 percent) were males and 206 were females (36 percent). Ninety-two cases (16 percent) were not applicable to a specific individual.

Table 13 - Case Management Distribution of Cases From January to March 2005

Case Management Issue	Number	% of Total
No	356	63%
Yes	212	37%
Total	568	100%

Figure 10 - Case Management Distribution of Cases From January to March 2005



Case Management Issue Distribution: During this report period, CSCR staff assessed and tracked each case to determine whether or not case management was a critical element in the case. Table 10 and Figure 8 indicate the percentage of the 568 cases in which case management was a factor. Three hundred fifty-six cases (58 percent) did not have nor need case management involvement, but 212 cases (37 percent) had or did need case management involvement.

Section C - Location of the Complaint/Concern and Information/Referral cases

Table 14 - Complaints/Concerns and Information/Referrals Associated with APs/LMEs

AP/LME	Complaints/ Concerns	Information and Referral	Total Type	% of Total
Alamance-Caswell	1	4	5	1%
Albemarle	2	6	8	1%
Catawba	3	0	3	Less than 1%
CenterPoint	2	16	18	3%
Crossroads	6	6	12	2%
Cumberland	4	11	15	3%
Durham	5	9	14	3%
Eastpointe (Duplin-Sampson-Lenoir-Wayne)	4	9	13	2%
Edgecombe/Nash	4	2	6	1%
Foothills	4	10	14	3%
Guilford	5	18	23	4%
Johnston	4	1	5	1%
Lee-Harnett	1	2	3	Less than 1%
Mecklenburg	3	48	51	9%
Neuse	1	3	4	1%
New River	3	1	4	1%
Onslow	5	5	10	2%
Orange-Person-Chatham	2	3	5	1%
Out of State	0	6	6	1%
Pathways	5	9	14	3%
Piedmont-Davidson	7	20	27	5%
Pitt	3	7	10	2%
RiverStone	1	2	3	1%
Roanoke-Chowan	1	0	1	Less than 1%
Rockingham	2	1	3	Less than 1%
Sandhills-Randolph	4	17	21	4%
Smoky Mountain	3	2	5	1%
Southeastern Center	5	10	15	3%
Southeastern Regional	2	14	16	3%
Tideland	1	4	5	1%
Vance-Granville-Franklin-Warren	2	5	7	1%
Wake	6	47	53	10%
Western Highlands (Blue Ridge – Rutherford - Polk - Trend)	6	28	34	6%
Wilson-Greene	1	2	3	Less than 1%
Anonymous	4	7	11	2%
N/A	19	81	100	19%
Grand Total	131	416	547	100%
Total Minus Unspecified (N/A and Anonymous)	108	328	436	
Mean (Average)	3.63	11.56	15.19	3%
Median (Middle Score)	3	6	10	2%
Mode (Most Common)	4	2	3&5	1%

The Team tracks the AP/LME where communications originate. In many cases, callers do not specify their locality or the locality is not relevant. These calls are listed as “unspecified.” An important caveat: The data in Table 14 refer only to the residential area of the consumer whose issue was addressed by the CSCR team. Therefore, these data do not indicate complaints against APs/LMEs in all cases. We have simply recorded the locality of the complainant or person asking for information. Moreover, APs/LMEs with a high volume should not be viewed critically. In fact, a high volume may indicate that consumers are aware of the complaint process and that the AP/LME provides a complaint system to help consumers address their concerns. Finally, the table lists AP/LME mergers that were being planned during the report period and thus is an evolving set of data.

A total of 131 Complaint/Concern and 416 Information/Referral cases were addressed between January to March 2005. Investigations were not included in this table, and are discussed later in the report. The mean (average) number of Complaints/Concerns per AP/LME is 3.63 and the mean number of Information/Referral contacts per AP/LME was 11.56. The mean (average) percent of total cases per AP/LME was three percent. There are a large number of requests for information/referrals without a specified AP/LME as indicated in the N/A and Anonymous categories. Many of these cases were requests for information on general issues such as billing issues, state hospitalizations, provider requirements, local service agency contact numbers, etc.

Section D - Investigations

DMH/DD/SAS receives complaints/allegations regarding a variety of issues such as allegations of client rights, funding, quality of care and provider choice violations. Complaints/allegations are reviewed to determine if an investigation is needed. An investigation may involve a single complaint or multiple allegations. Therefore, the lead investigator from the CSCR Team and the lead investigator from the Accountability Team collaborate to determine if the investigation will be conducted by the AP/LME, another agency or by the DMH/DD/SAS. For state level investigations, CSCR or Accountability will assume the lead. Other DHHS Divisions and additional DMH/DD/SAS teams will be involved as needed. An investigation remains pending until final reports are completed by the responsible parties.

Investigation involve detailed research, collecting and reviewing data/evidence, assessing information and writing reports. All DMH/DD/SAS investigations are logged into the CSCR database along with the total contact responses per case. Other DMH/DD/SAS team members have a substantial number of contacts per case that are not recorded in this database. The information content of the investigations is not included in this report. However, the status of investigations is reported.

Table 15– Total Active Investigations from January to March 2005

Status	Total	% of Total
New Cases Referred from January to March 2005	21	54%
Active Cases Referred Before January 2005	18	46%
Total	39	100%

Figure 11- Total Active Investigations from January to March 2005

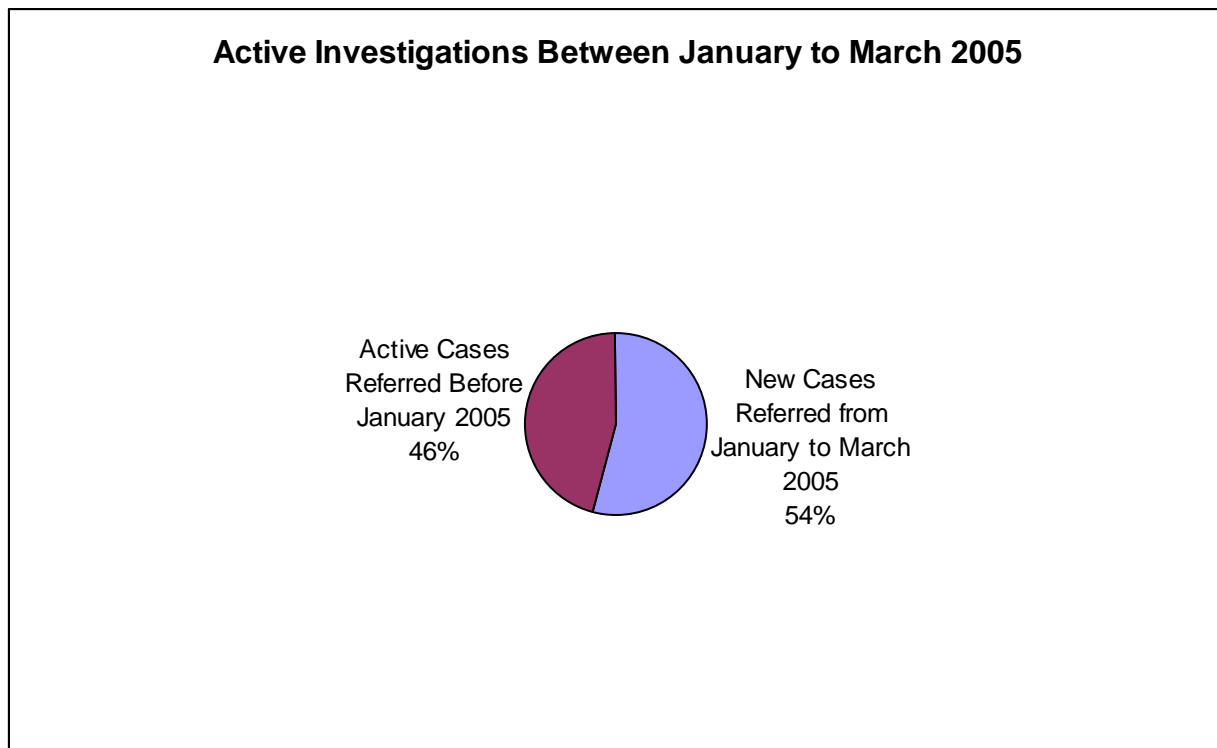


Table 15 and Figure 11 show the total number of active investigations (39) from January to March 2005. In this quarter, 18 investigations (46 percent) were initiated before January 2005. Twenty-one investigations (54 percent) were initiated from January to March 2005.

Table 16 - Investigation Status of Cases Active Between January to March 2005

Status	Total	% of Total
Pending	25	64%
Complete	14	36%
Total	39	100%

Figure 12 - Investigation Status of Cases Active Between January to March 2005

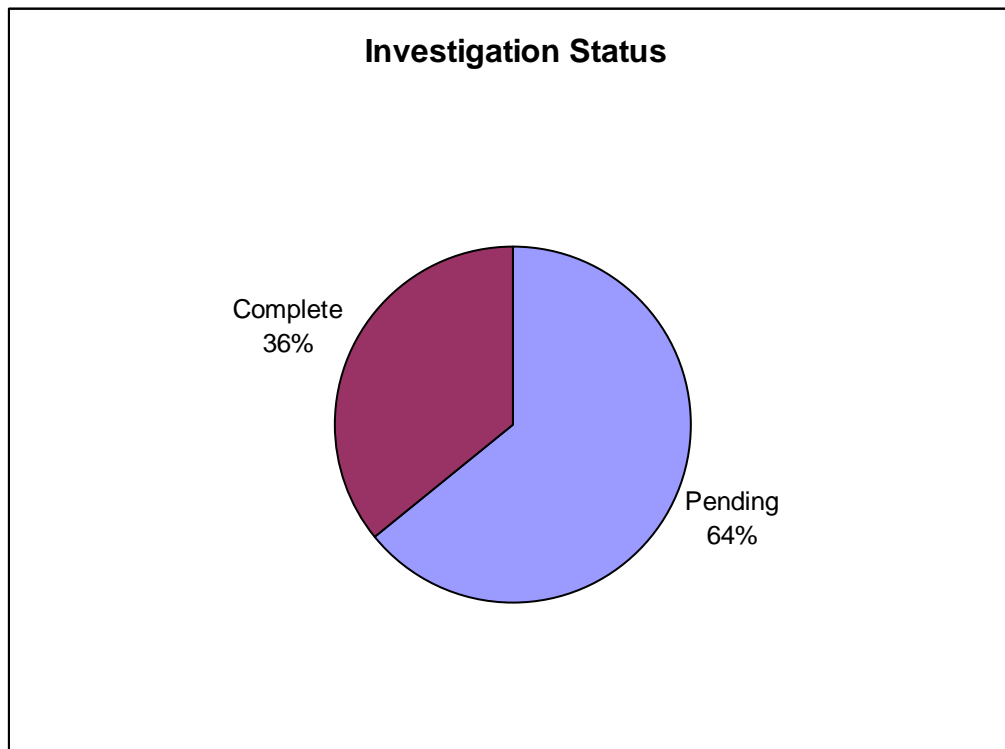


Table 16 and Figure 12 show the status of the investigations that were active during the January to March 2005 quarter. Of the 39 investigations, 14 investigations were closed during this period and 25 investigations are still pending. Many of the investigations remain open in order to allow time for a thorough investigation.

Table 17 - Referral Sources for Investigations Initiated From January to March 2005

Case Referral Source	Total	% of Total
Local MH/DD/SAS Staff	6	28%
Provider Staff	5	23%
DMH/DD/SAS staff	2	10%
DFS	2	10%
Family/Friend	2	5%
DHHS Citizen Services	1	5%
Other	3	14%
Total	21	100%

Figure 13 - Referral Sources for Investigations Initiated From January to March 2005

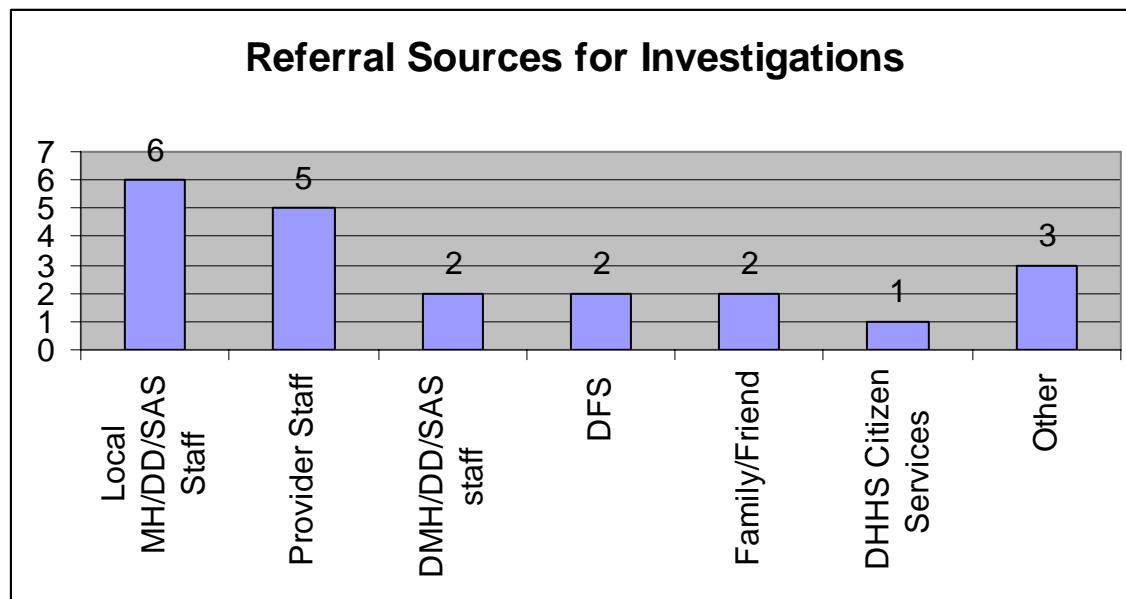
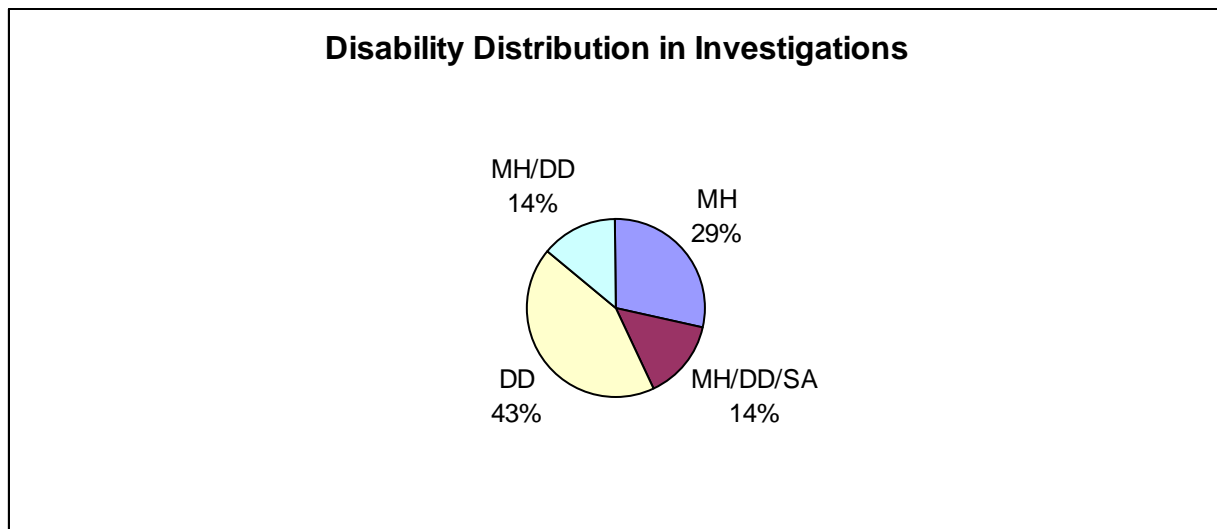


Table 17 and Figure 13 show the referral sources for the 21 investigations. Local AP/LME staff members referred the majority of investigations with six (28 percent) cases. Provider staff initiated five (23 percent) of the cases. DMH/DD/SAS staff, Division of Facility Services staff and Family/Friends each referred two (ten percent) of the cases. DHHS Citizen Services initiated a single case (five percent). Three cases (14 percent) were referred by “other” sources.

Table 18 - Disability Distribution of Investigations Initiated From January to March 2005

Disability	Total	% of Total
DD	9	43%
MH	6	29%
MH/DD/SA	3	14%
MH/DD	3	14%
Total	21	100%

Figure 14 - Disability Distribution of Investigations Initiated From January to March 2005



Disability Type Representation: Table 18 and Figure 14 show disability groups that were represented in the 21 investigations. Consumers with developmental disabilities represented nine (43 percent) of the total and six cases (29 percent) involved consumers of mental health services. There were three investigations (14 percent) involving persons with multiple diagnoses of MH/DD/SAS and three investigations (14 percent) involved persons with a dual diagnosis of MH/DD.

PART II: MEDICAID APPEAL INFORMATION FOR JANUARY TO MARCH 2005

There are three appeal levels available to recipients who are appealing decisions regarding DMH/DD/SA Medicaid services: the local AP/LME, the DMH/DD/SAS Hearing and the State Office of Administrative Hearings (OAH). Appellants are given the option to: 1) begin an appeal at the local AP/LME level, 2) request a direct DMH/DD/SAS hearing or 3) appeal directly to OAH. The vast majority of appellants choose to participate in local reviews convened at the AP/LME. When selected and settled, local reviews hasten resolution of the appeal process. The CSCR team members and LME staff work closely with consumers to facilitate local resolutions for appeals in order to obtain speedy decisions. A total of 139 identified responses were made for the 33 appeals and the average monthly number of responses per appeal case was four.

Table 19 - Total Appeals Received by DMH/DD/SAS From January to March 2005

Appeal Type	Total	Percentage
MH/DD/SAS (Regular Medicaid)	24	73%
CAP-MR/DD	9	27%
Total	33	100%

Figure 15- Total Appeals Received by DMH/DD/SAS From January to March 2005

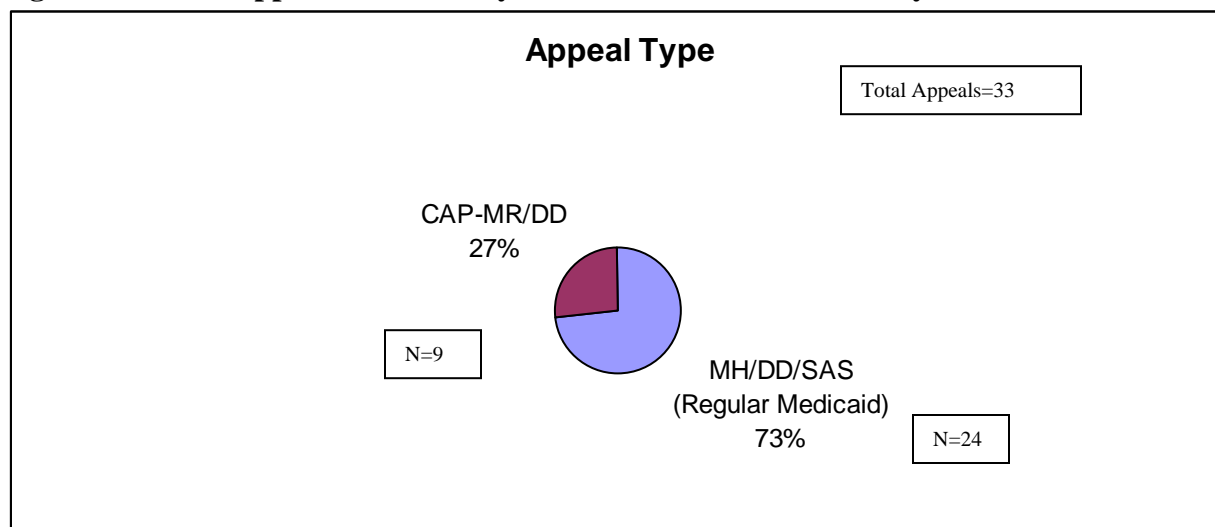
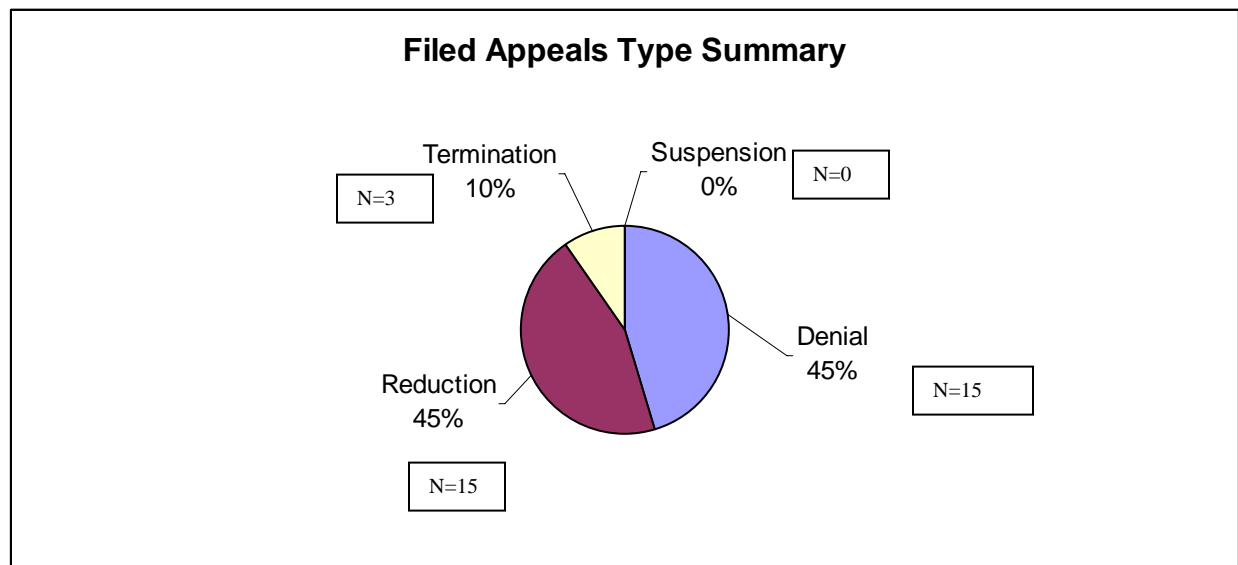


Table 19 and Figure 15 show the total number of appeals that the CSCR Team addressed from January to March 2005. The table refers to both recipients on the CAP-MR/DD waiver and regular MH/DD/SAS recipients who receive Medicaid services but are not on the waiver. The CSCR team members addressed 33 Medicaid Appeals requests during this period. Appeals are filed to the Customer Service and Community Rights Team in order to provide consumers with direct information about the appeal process. CAP-MR/DD Waiver recipients account for nine out of 33 (27 percent) of the active appeal cases during these three months, while appeals involving regular Medicaid recipients of MH/DD/SA services account for 24 out of 33 (73 percent).

Table 20 – Types of All Medicaid Appeals Filed

Appeal Type	Total	% of Total
Denial	15	45 %
Reduction	15	45 %
Termination	3	10%
Suspension	0	0%
Total	33	100%

Figure 16 - Types of All Medicaid Appeals Filed



Types of Medicaid Appeals: AP/LMEs make authorization decisions about Medicaid services based on medical necessity and are required to send Medicaid recipients written notification of their right to appeal any of the following decisions: *reduction of service*, *suspension of service*, *termination of service* and *denial of requests for a different service or an increased volume of a current service* (42 CFR 431. Sub-Part E).

Table 20 and Figure 16 demonstrate the types of Medicaid Appeals that were filed during this reporting period. The data shows that the majority of the appeals (90 percent) are for *denial of requested service* (such as of a type of allowable equipment in CAP-MR/DD or a denial of a request to step up from Level II to Level III residential service) or for *reductions of service* (such as the reduction from Level III residential to Level II). Each category represented 15 appeals each (45 percent). *Termination of services* (such as a decision to end individual outpatient therapy) accounted for three cases (ten percent) of the appeals. There were no appeals involving *suspension of services* (such as suspension from a clubhouse program).

Table 21 - AP/LME Distribution of Medicaid Appeals For January to March 2005

AP/LME	Total	% of Total
Southeastern Regional	6	19%
Pathways	5	15%
Piedmont-Davidson	4	12%
Crossroads	3	9%
Guilford	3	9%
Western Highlands (Blue Ridge – Rutherford - Polk - Trend)	3	9%
Eastpointe (Duplin-Sampson-Lenoir-Wayne)	3	9%
Southeastern Center	2	6%
Rockingham	1	3%
Onslow	1	3%
Albemarle	1	3%
Catawba	1	3%
Total	33	100%

AP/LME: Table 21 shows the AP/ LME associated with the 33 Medicaid Appeals. Medicaid appeal requests were received from recipients residing in 12 different catchment areas. The table reflects mergers in process during the report period. **In no way should a high AP/LME appeal percentage be attributed to more severe clinical decisions by the AP/LME. In actual fact, a high appeal volume most likely indicates that the LME is providing recipients with a thorough education of the due process system.** Appeals from Southeastern Regional accounted for six appeals (19 percent) and Pathways accounted for five appeals (15 percent). Four appeals (12 percent) were submitted for Piedmont and three appeals (nine percent) involved Crossroads, Guilford, Western Highlands and Eastpointe. A single appeal (three percent) was submitted for each of the following LMEs: Rockingham, Onslow, Albemarle and Catawba.

Table 22 - Sources of Medicaid Appeals for January to March 2005

Filed By	Total	% of Total
Family/Guardian	26	79%
Division of Social Services	1	3%
Self	6	18%
Total	33	100%

Figure17- Sources of Medicaid Appeals for January to March 2005

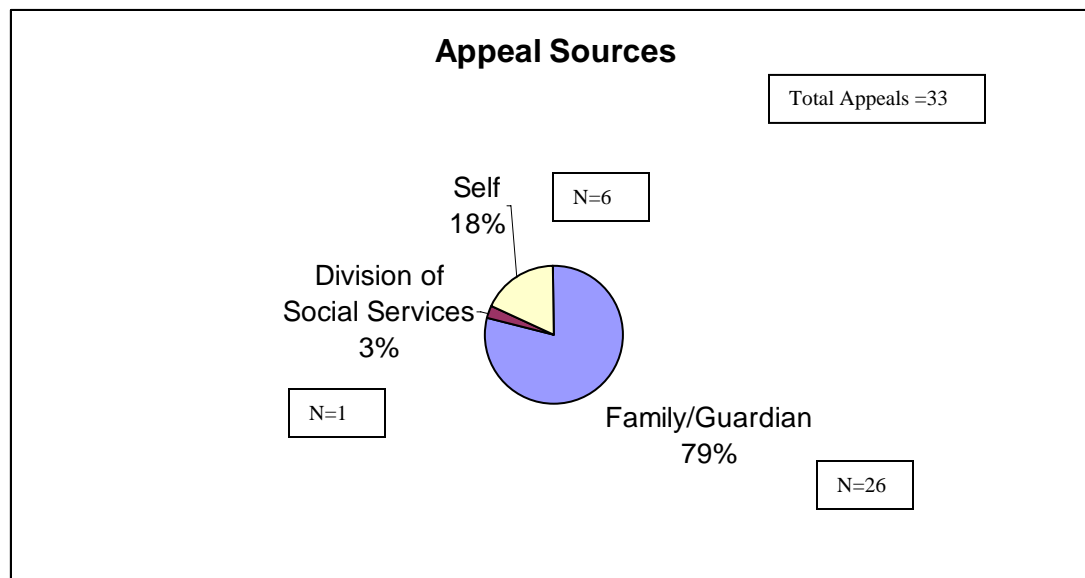
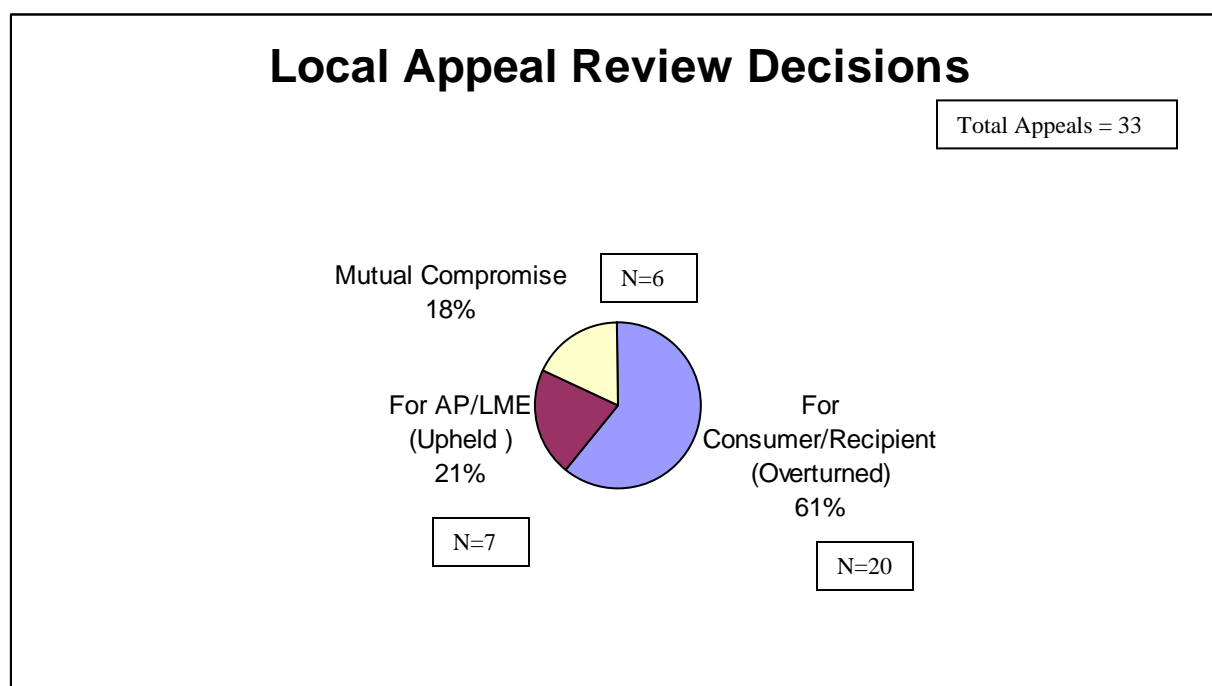


Table 22 and Figure 17 show the specific sources of the appeals. Only a Medicaid recipient or his/her legal guardian has the legal right to file a Medicaid Appeal according to Federal law (42 CFR 431. Sub-Part E). Note that 26 out of 33 appeals (79 percent) are initiated by a Guardian other than the Division of Social Services. Six appeals (18 percent) were filed directly by the consumer. The Division of Social Services, as the consumer's guardian, filed one appeal (three percent).

Table 23 - All AP/LME Local Review Decisions (January to March 2005)

AP/LME Decision	Total	% of Totals
For Consumer/Recipient (Overturned)	20	61%
For AP/LME (Upheld)	7	21%
Mutual Compromise	6	18%
Total	33	100%

Figure 18 - All AP/LME Local Review Decisions (January to March 2005)

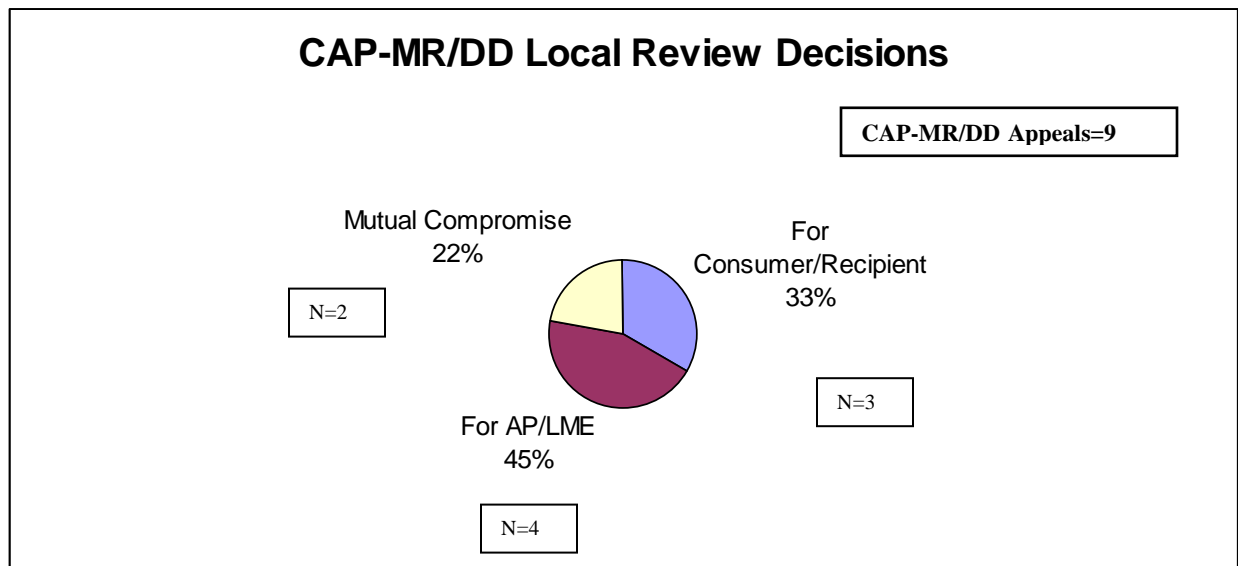


AP/LME Local Review Decisions: Table 23 and Figure 18 show the local AP/LME review decisions for all appeals from January to March 2005. Of the 33 appeals filed, local reviews overturned the original decision and ruled in favor of the consumer/appellant in 20 (61 percent) of the reported total and the AP/LME local reviews upheld the original decision in seven (21 percent) of the reported total appeals. The AP/LME local reviews found a mutual decision in which the AP/LME and the appellant compromised in six (18 percent) of the reported total.

Table 24 – CAP-MR/DD Local AP/LME Review Decisions (January to March 2005)

AP/LME Decision on CAP-MR Appeals	Total	% of Total
For AP/LME	4	45%
For Consumer/Recipient	3	33%
Mutual Compromise	2	22%
Total	9	100%

Figure 19 - CAP-MR/DD Local AP/LME Review Decisions (January to March 2005)



CAP/MR-DD Local Decisions: Table 24 and Figure 19 show the sub-set of appeals filed by CAP-MR/DD Waiver recipients. The AP/LME local reviews were in favor of the consumer/appellant in three cases (33 percent) of the reported total and the AP/LME upheld the original decision in four cases (45 percent) of the reported total. The AP/LME local reviews also found a mutual decision in which the AP/LME and the appellant compromised in two cases (22 percent) of the reported total.

DMH/DD/SAS Requested State Medicaid Appeal Hearings

Table 25- All DMH/DD/SAS Requested Hearings

DMH/DD/SAS Hearing	Total	% of Total
Consumer/Recipient Withdrew	30	91%
For Consumer/Recipient	2	6%
For AP/LME (Upheld)	1	3%
Total	33	100%

Figure 20 - DMH/DD/SAS Scheduled Hearings (January to March 2005)

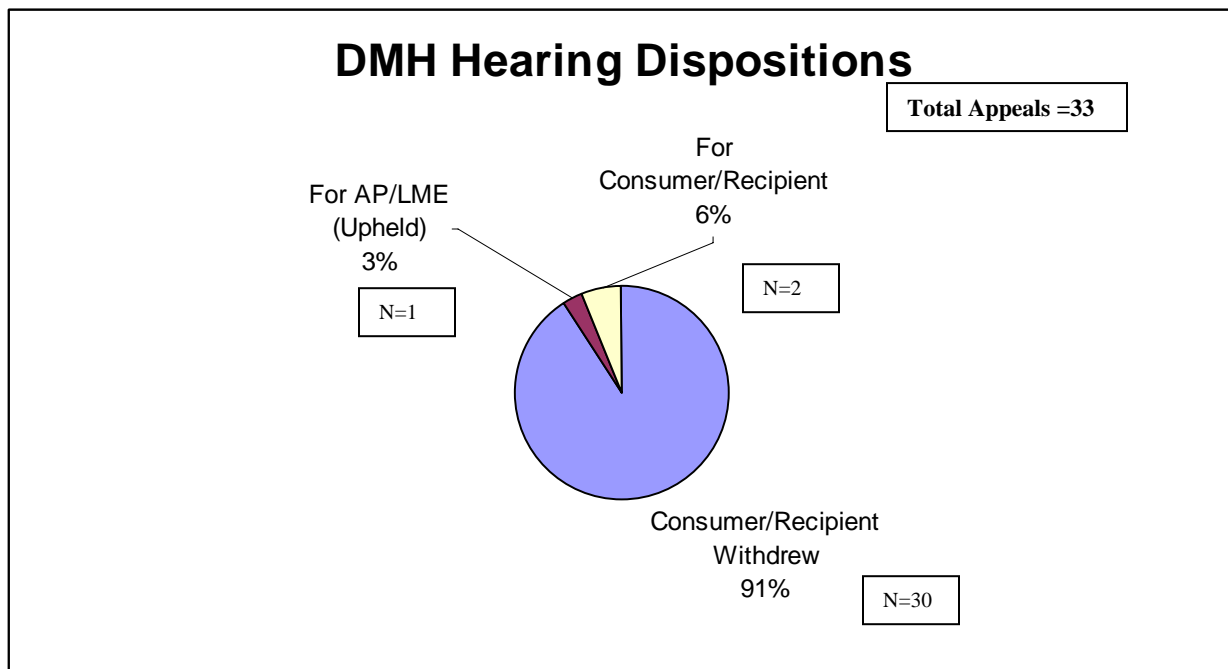
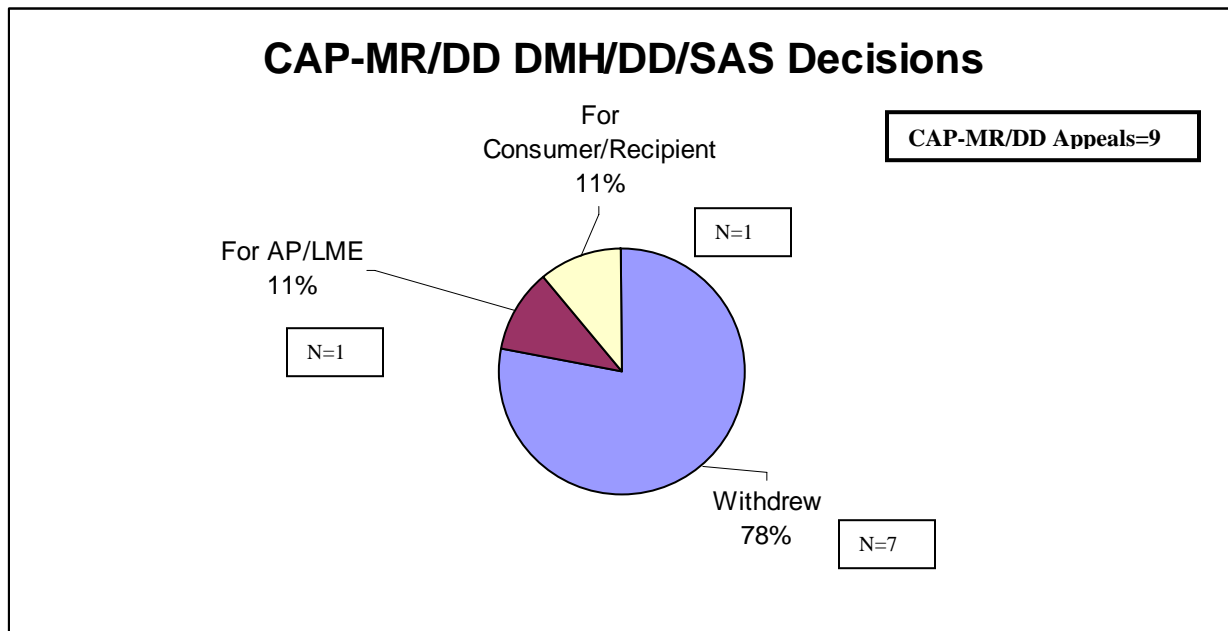


Table 25 and Figure 20 show information for the 33 appellants that requested a State hearing by the Division Affairs Team of the Operations Support Section of DMH/DD/SAS during this period. Thirty of the 33 (91 percent) hearing requests were withdrawn prior to the scheduled hearings because they were resolved locally. The DMH/DD/SAS hearing officers ruled in favor of the consumer/recipient and overturned the decision of the AP/LME in two of the three hearings held and the hearing officer upheld the AP/LME's local review decision in one of the three hearings convened.

Table 26 – CAP-MR/DD DMH/DD/SAS Hearing Decisions (January to March 2005)

DMH/DD/SAS Decision on CAP-MR/ DD Appeals	Total	% of Total
Withdrew	7	78%
For AP/LME	1	11%
For Consumer/Recipient	1	11%
Total	9	100%

Figure 21– CAP-MR/DD DMH/DD/SAS Hearing Decisions (January to March 2005)



CAP/MR-DD DMH/DD/SAS Decisions: Table 26 and Figure 21 show the sub-set of appeals by CAP-MR/DD Waiver recipients. Two of three hearings (66 percent) convened during this period involved CAP-MR/DD appeals. Seven of the DMH/DD/SAS hearing requests were withdrawn (78 percent) by the consumer/recipient or legally responsible person and addressed locally. The DMH/DD/SAS hearing officer ruled in favor of the consumer/recipient in one of the hearings (11 percent) and upheld the AP/LME decision in one of the CAP-MR/DD hearings (11 percent) filed with DMH/DD/SAS.

MEDICAID APPEALS FILED TO THE OFFICE OF ADMINISTRATIVE HEARINGS (OAH)

Appeals Filed: Medicaid recipients have the legal right to appeal directly to OAH and by-pass the DMH/DD/SAS appeal system or appeal to OAH at any time after they have appealed to DMH/DD/SAS. A total of 12 appeals were under review by the OAH during the January to March 2005 period. All four of the new Medicaid petitions filed to OAH and all five of the Medicaid appeals closed during this period involved CAP-MR/DD services. Three Medicaid Appeals are pending at this time and each of them involved CAP-MR/DD services.

Table 27- Office of Administrative Hearings Status on Medicaid Appeals

Appeal Status	Number of Cases	% of Totals
Appeals Closed	5	42%
Appeals Filed	4	33%
Appeals Pending	3	25%
Total Appeals	12	100%

Figure 22- Office of Administrative Hearings Status on Medicaid Appeals

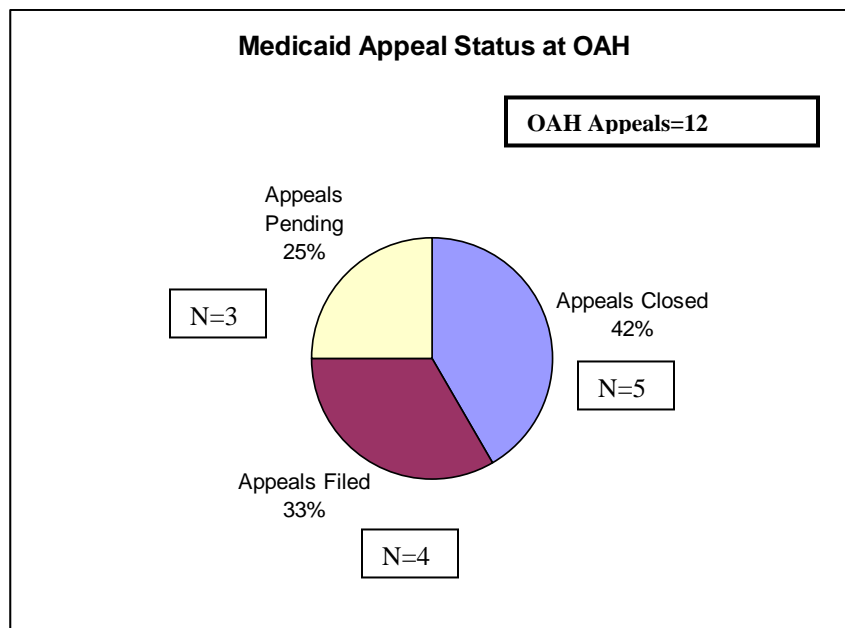


Table 28 - Office of Administrative Hearings: Medicaid Appeals Closed Between January and March 2005

Appeals Closed	Total	% of Total
Withdrawn	4	80%
AP/LME Decision Upheld	1	20%
Total	5	100%

Figure 23 - Office of Administrative Hearings: Medicaid Appeals Closed Between January and March 2005

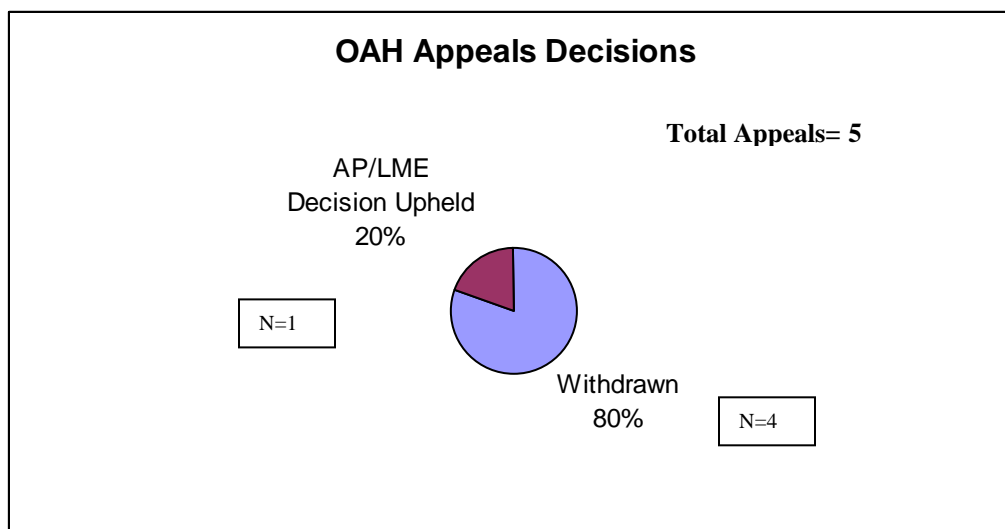


Table 28 and Figure 23 show the OAH Medicaid Appeals that were closed between January and March 2005. Four of the Medicaid Appeals (80 percent) were withdrawn and the AP/LME decision was upheld in a single appeal (20 percent).

CUSTOMER SERVICE AND CONSUMER RIGHTS TEAM

CURRENT DEVELOPMENTS

- 1) The volume of total new cases filed to the DMH/DD/SAS Customer Service and Community Rights Team and the responses to cases are increasing significantly. Cases are addressed quickly through DMH/DD/SAS and/or APs/LMEs. Investigations are quickly initiated in collaboration with other investigation agencies, such as APs/LMEs, Division of Facility Services and local Departments of Social Services.
- 2) The majority of investigations has been referred by DMH/DD/SAS staff and involve multiple issues. As a result, the majority of cases require a very large amount of time and collaboration between many agencies.
- 3) The Policy for Consumer Complaints to an Area/County Program was revised based on comments from stakeholders and released through DMH/DD/SAS Communication Bulletin #38.
- 4) The training curriculum for AP/LME Customer Service and Consumer Rights offices is being revised based on comments from consumers, families and LME staff. This curriculum will be available on CD and can be used as a training tool for Customer Service and Consumer Rights office staff, LME staff, providers, Client Rights Committees, Consumer and Family Advisory Committees, Governing Boards, consumers, family members and any other persons interested in consumer rights and empowerment issues.
- 5) The DMH/DD/SAS Customer Service and Consumer Rights Team is available to work with APs/LME in providing technical assistance to Customer Service offices and Client Rights Committees regarding the Policy for Consumer Complaints to an Area/County Program or any other functions of the Customer Service and Consumer Rights offices.